

DECLARATION POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

20 AUG 2001

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **INSECTICIDAL AGENTS**, the specification of which [check one(s) applicable]

☒ was filed 18 November 1999 as International Patent Application No. PCT/GB99/03846, on which U.S. National Stage Application No. 09/856,221 is based; and/or
☐ was amended by Amendment filed _____ (if applicable); and/or
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

Prior Foreign Application(s) Appln No.	Country	Filing Date Day-Mon-Year	Priority Claimed Yes - No
9825418.8	Great Britain	19-11-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO: Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Paul Jarrett
First Middle Last
Signature P. Jarrett
Date 21st June 2001
Residence WELLSBOURNE, UK
City State or Country
Citizenship BRITISH
Post Office Address:
14 HOME FURLONG, WELLSBOURNE
Street Address
WARWICK, UK CV35 9TW
City State or Country Zip Code

Full Name James Alun Wynne Morgan
First Middle Last
Signature J.A.W. Morgan
Date 21st June 2001
Residence Swansea, UK
City State or Country
Citizenship BRITISH GBX
Post Office Address:
46 GOROF ROAD, YSTRADGYNLAIS
Street Address
SWANSEA POWYS SA9 1DS
City State or Country Zip Code

THIRD JOINT INVESTOR (IF ANY)

Full Name	Debbie	Ellis
	First	Middle
		Last

Signature [Signature]

Date 21st June 2001

Residence WARWICK UK
City State or Country

Citizenship BRITISH (5)

Post Office Address:

7. LOOKE CLOSE
Street Address

WARWICK UK CV34 5YG
City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
First _____ Middle _____ Last _____

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address

City	State or Country	Zip Code
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